U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

City

Washington

5. Position in labor organization.

District of Columbia

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

ZIP Code + 4 20006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E	MET TO SE
1. File Number U - 605 5	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Jeffrey A Zack	Name International Association of Fire Fighters
	Labor Organization File Number 000-317
P.O. Box, Bldg., Room No., if any 2nd Floor	P.O. Box, Building and Room Number, if any
Street 1750 New York Avenue, NW	Street 1750 New York Avenue, NW

City

State

Washington

District of Columbia

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

ZIP Code + 4 20006

Assistant to the General President

A. Held an interest in, engaged in transactions monetary value from an employer whose em		derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade n	ame, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City	ı	
State ZIP C	Code + 4	

Sia	nature
JIV	Hatuit

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the submitted in this report (including the information contained in any accompanying documents), has been examined by the	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed On 7/13/05 202-8.	24-1505
Date	Telephone Number

Name of Person Filing Jeffrey Zack	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Woodley & McGillivary Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 1125 Fifteenth Street, NW City Washington State District of Columbia ZIP Code + 4 20005 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deal Legal Services					
Street City State ZIP Code + 4	11.b. Approximate dollar val 12.a. Nature of interest he Christmas Gift					
City	12.a. Nature of interest he					
City	12.a. Nature of interest he Christmas Gift 12.b. Amount.	d or income received.				
City State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.a. Nature of interest he Christmas Gift 12.b. Amount.	d or income received.				

14.b. Amount of payment.

?

or Consultant

13.b. is the Business an Employer

Name of Person Filing	Jeffrey Zack	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Woodley & McGillivary	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 1125 Fifteenth Street, NW City Washington State District of Columbia ZIP Code + 4 20005	 a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. Legal Services
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$1,073,225
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Dinner on October 6, 2004
	40 h Arrows
	12.b. Amount. \$121

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.			
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State	ZIP Code + 4					
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.			

Name of Person Filing	Jeffrey	Zack			 File Number U -		
				<u>.</u> . "	 ·	 	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Sun Mountain Media Services LLC X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Suite 220 c. Employer Street 1629 K Street City Washington State District of Columbia ZIP Code + 4 20006-1629 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Producer of a number of IAFF videos. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$343,023 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Fleece Blanket for as Christmas Gift State ZIP Code + 4 \$30 12.b. Amount.

C. Received from any employer (of or from any labor relations consultant to		
13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.